Maryland Health Care Commission's Freestanding Ambulatory Surgical Facility (FASF) Survey Instruction Guide

This document provides guidance on how to complete the annual Maryland Health Care Commission Ambulatory Surgical Facility Survey. Maryland COMAR 10.24.04 requires all centers and facilities licensed by the Office of Health Care Quality (OHCQ) as a freestanding ambulatory surgical facility (FASF) to complete this survey. The data gathered from this survey supports decision making in the Certificate of Need (CON) Program and serves as a resource for the Commission's consumer-focused public reporting activities. ***The survey must be completed and submitted to the Maryland Health Care Commission within 45 days after a facility receives its unique username and password.***

If you have questions about the survey, please contact Mariama Gondo at (410) 764-3377 or via email at mariama.gondo1@maryland.gov.

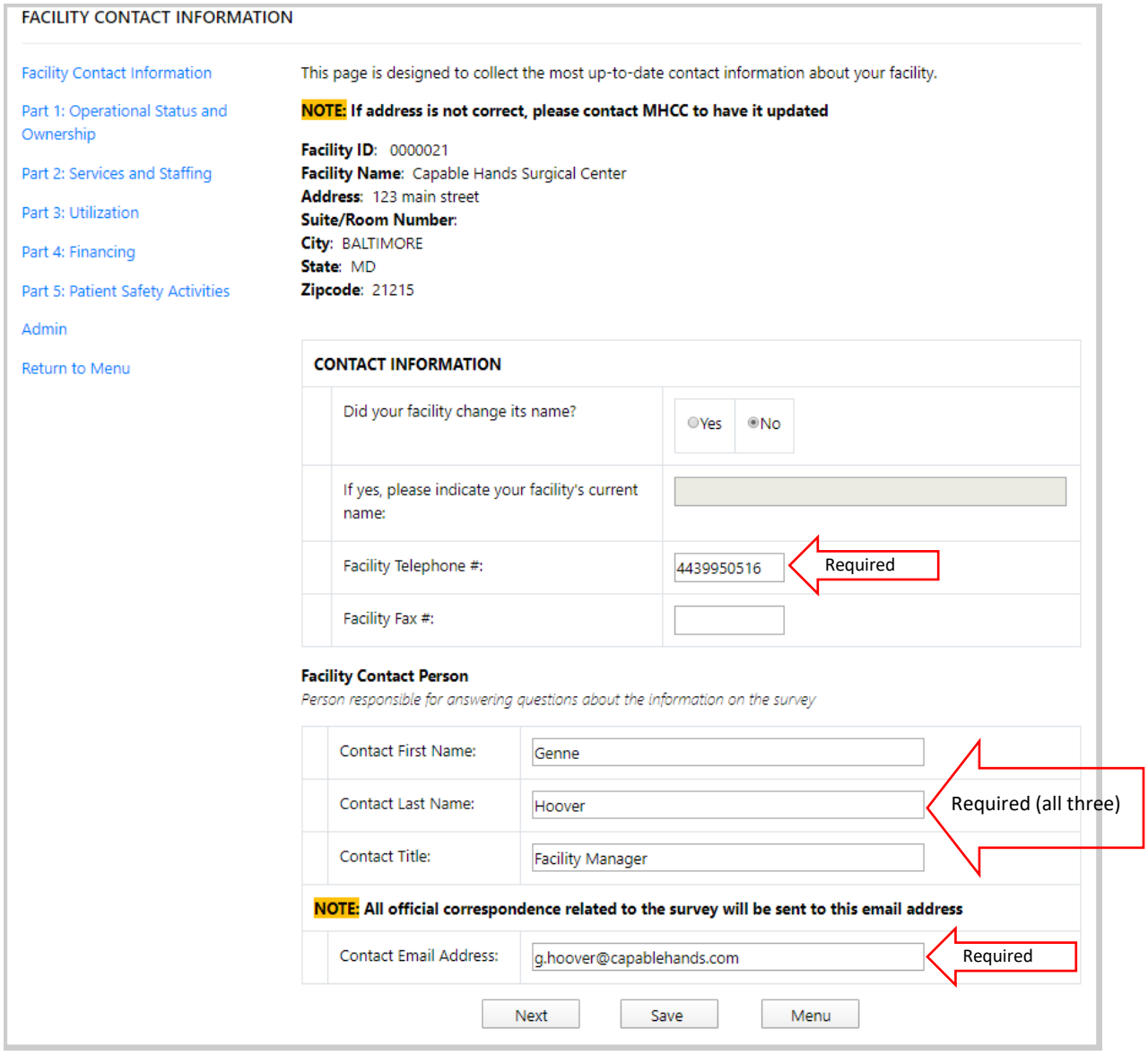
The FASF Survey has five parts, preceded by a section that gathers facility contact information. Click on any of the links below to learn more about each part. To reduce the reporting burden, the Commission prepopulates the responses to several survey questions using data from your previous year's submission. ***It is your responsibility to review the prepopulated responses for accuracy and report any updates as necessary***. You do not have to complete this survey in one sitting; you are able to complete it at your convenience and move from part to part as needed. Please be sure to use the "save" button at the bottom of each section to capture your entered data.

A Few Things to Keep in Mind

- Save your work often.
- Your session times out after 30 minutes of inactivity. You will have to log back into the system once your session times out.
- Refrain from using the back button on your web browser. The navigational links and buttons at the bottom of each page should be sufficient to move through the application.
- Carefully review what you have entered before moving to a new section of the survey.
- The system allows you to move from section to section in any sequence
- You will not be able to make changes to a survey once you have submitted it. If you need to make changes after your submission, please contact Mariama Gondo at mariama.gondo1@maryland.gov.

Facility Contact Information

This first part of the survey addresses your facility's contact information. We publish portions of this information within the Commission's consumer-based Quality Reports website as a way to identify and locate your facility. Please ensure that the demographic information for your facility is correct, as we prepopulated it in your survey. **Note:** the email address for your facility should be that of the main contact person who completes this annual survey. **We will not share your facility contact person's email address publicly.** Please ensure that you enter the email address correctly, as we will send all official correspondence related to the survey to that email address.



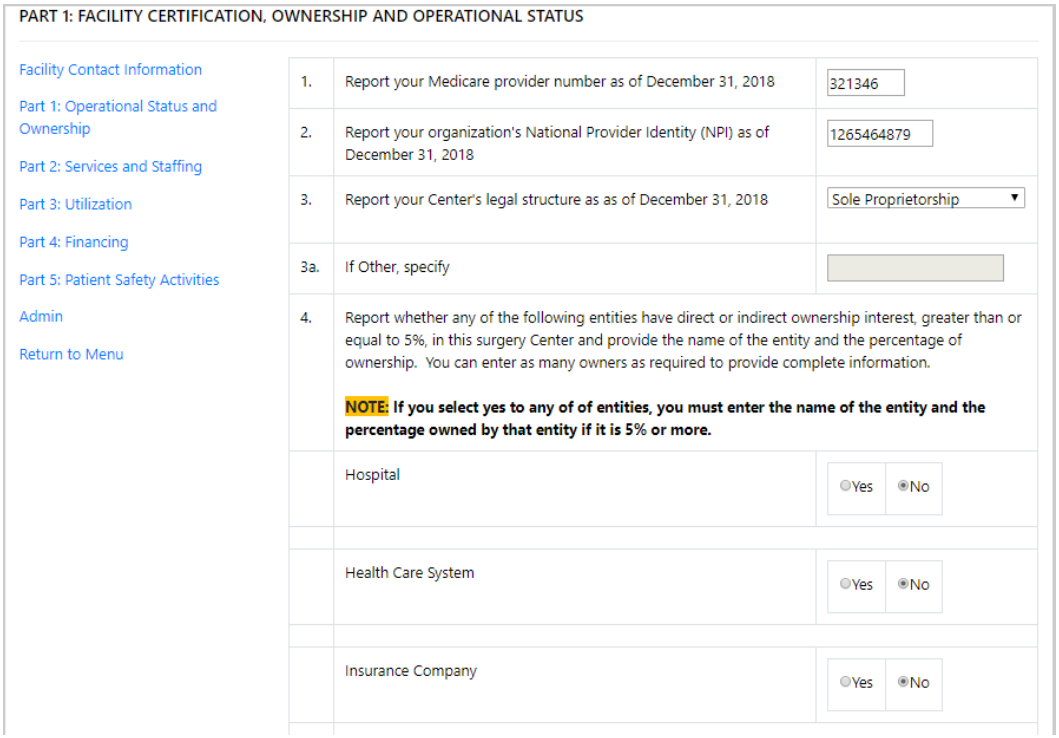
The screenshot above shows the fields you are required to answer before the system will allow you to move to another part. Be sure to review for accuracy any of the prepopulated fields.

Part 1: Operational Status and Ownership

This part captures information about your facility's ownership structure and federal identification numbers such as the Medicare Provider Number and National Provider Number (NPI). For CON purposes, the Commission

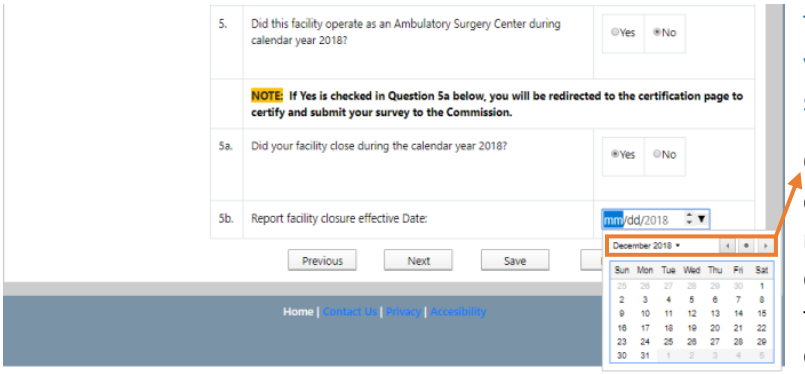
collects information on your facility's organizational structure including the percentage of ownership other entities have in your facility. The Commission also monitors the total number of ambulatory surgical facilities across the state and requires that you indicate if your facility closed during any point of the reporting period.

If your facility closed and you respond "Yes" to question 5, you are not required to complete the remaining parts of the survey. The system will move you directly to the certification page where you are able to sign and submit the survey.



The system will not allow you to move on unless you provide a response the following fields:

- Medicare Provider Number
- National Provider Identity (NPI)
- Facility's legal structure
- Facility closure date



The new calendar feature allows you to type your date in manually or use the feature to select the date.

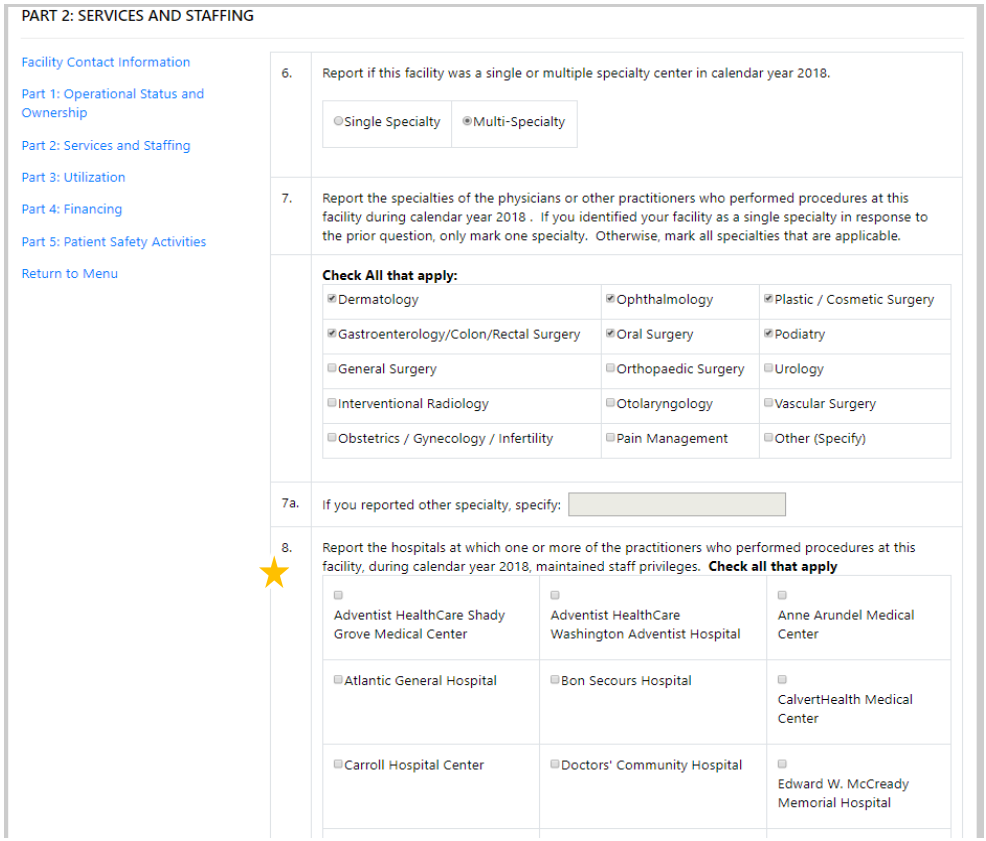
Click the black "down" arrow to enable the calendar. Click the directional arrows to move from month to month or click the down arrow near the printed month and year to choose the specific month. Select the day of that month.

Part 2: Services and Staffing

The Commission monitors the availability and types of ambulatory surgical services across the state. The Commission uses information gathered from this part of the survey for CON planning and uses portions of the data to support updates to the Outpatient Quality Reporting information available on the Commission's consumer based website. You can access the Commission's Quality Reporting Website by using this link: https://healthcarequality.mhcc.maryland.gov/Home.

Part 2 captures information about the types of services your facility provides, other locations where your providers may work, and a description of the operating and procedural rooms within your facility. If you

designate your facility as a single specialty, your facility only performs one type of surgery service. If you are a multi-specialty facility, please select all surgical services your center performs. If you select "Other specialty," please enter the type of specialty in question 7a. **Note: The system includes a cross-edit to check the** specialties reported in Question 7 against the specialty options in Part 3, Question 11b.


PART 2: SERVICES AND STAFFING

Facility Contact Information
Part 1: Operational Status and Ownership
Part 2: Services and Staffing
Part 3: Utilization
Part 4: Financing
Part 5: Patient Safety Activities
Return to Menu

6. Report if this facility was a single or multiple specialty center in calendar year 2018.
○ Single Specialty ◉ Multi-Specialty

7. Report the specialties of the physicians or other practitioners who performed procedures at this facility during calendar year 2018 . If you identified your facility as a single specialty in response to the prior question, only mark one specialty. Otherwise, mark all specialties that are applicable.

Check All that apply:

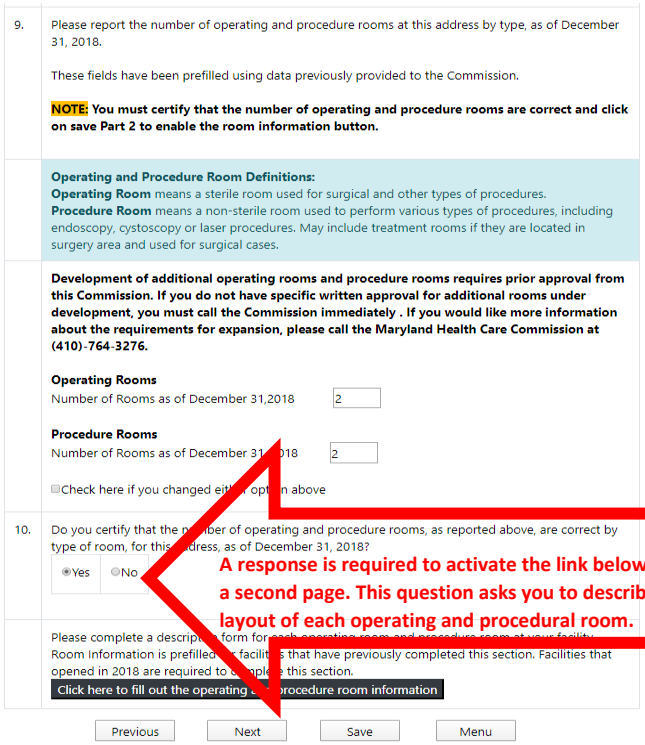
☑ Dermatology	☑ Ophthalmology	☑ Plastic / Cosmetic Surgery
☑ Gastroenterology/Colon/Rectal Surgery	☑ Oral Surgery	☑ Podiatry
☐ General Surgery	☐ Orthopaedic Surgery	☐ Urology
☐ Interventional Radiology	☐ Otolaryngology	☐ Vascular Surgery
☐ Obstetrics / Gynecology / Infertility	☐ Pain Management	☐ Other (Specify)

7a. If you reported other specialty, specify:

8. Report the hospitals at which one or more of the practitioners who performed procedures at this facility, during calendar year 2018, maintained staff privileges. **Check all that apply**

☐ Adventist HealthCare Shady Grove Medical Center	☐ Adventist HealthCare Washington Adventist Hospital	☐ Anne Arundel Medical Center
☐ Atlantic General Hospital	☐ Bon Secours Hospital	☐ CalvertHealth Medical Center
☐ Carroll Hospital Center	☐ Doctors' Community Hospital	☐ Edward W. McCready Memorial Hospital

In question 8, please identify the hospitals where any of your practitioners maintain staff privileges (i.e., allowed to perform surgery). Please provide a response for your surgeons, anesthesiologists, and other licensed medical providers.


9. Please report the number of operating and procedure rooms at this address by type, as of December 31, 2018.

These fields have been prefilled using data previously provided to the Commission.

NOTE: You must certify that the number of operating and procedure rooms are correct and click on save Part 2 to enable the room information button.

Operating and Procedure Room Definitions:
Operating Room means a sterile room used for surgical and other types of procedures.
Procedure Room means a non-sterile room used to perform various types of procedures, including endoscopy, cystoscopy or laser procedures. May include treatment rooms if they are located in surgery area and used for surgical cases.

Development of additional operating rooms and procedure rooms requires prior approval from this Commission. If you do not have specific written approval for additional rooms under development, you must call the Commission immediately . If you would like more information about the requirements for expansion, please call the Maryland Health Care Commission at (410)-764-3276.

Operating Rooms
Number of Rooms as of December 31,2018 2

Procedure Rooms
Number of Rooms as of December 31, 2018 2

☐ Check here if you changed either option above

10. Do you certify that the number of operating and procedure rooms, as reported above, are correct by type of room, for this address, as of December 31, 2018?
◉ Yes ○ No

Please complete a description form for each operating room and procedure room at your facility. Room information is prefilled for facilities that have previously completed this section. Facilities that opened in 2018 are required to complete this section.
Click here to fill out the operating and procedure room information

Previous Next Save Menu

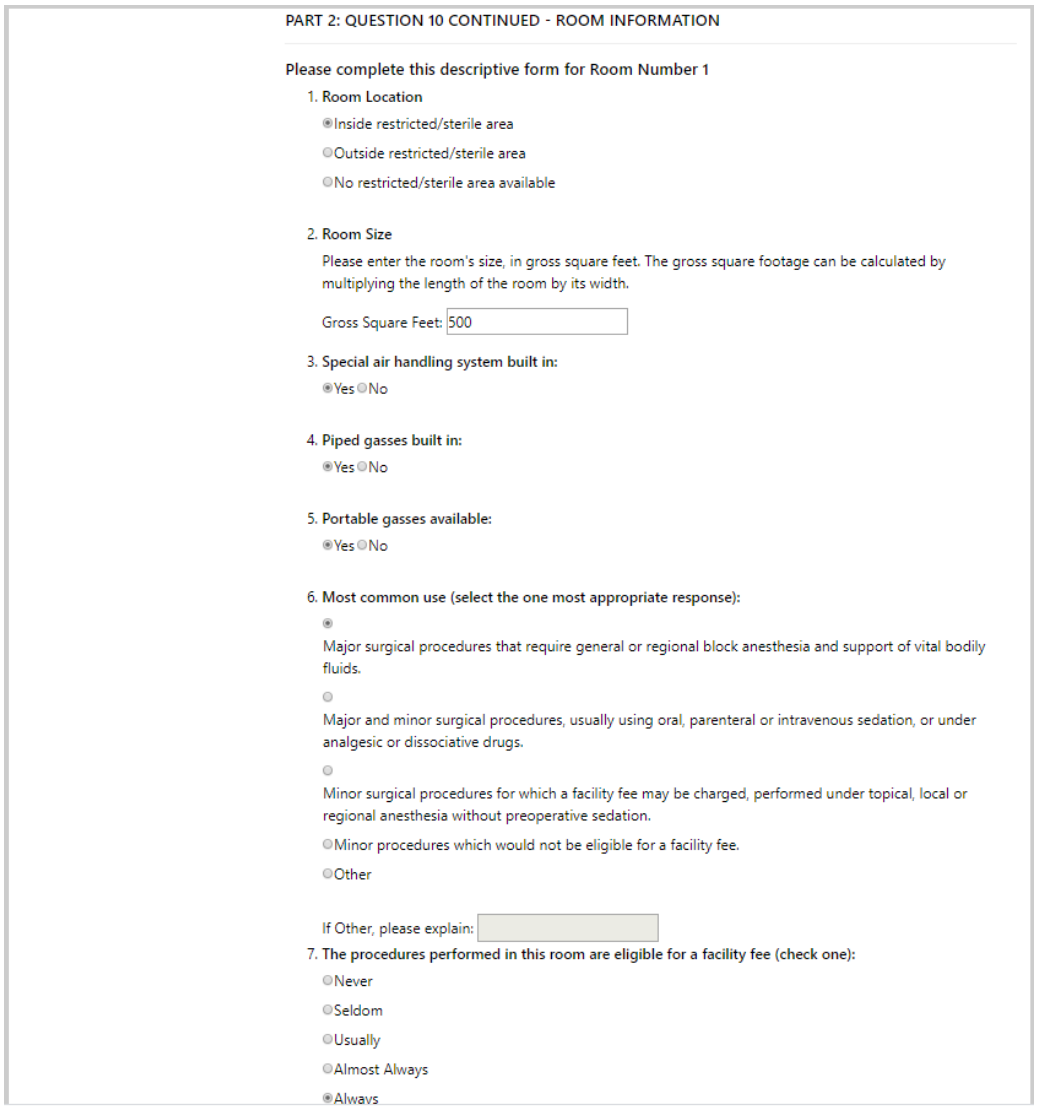
Question 9 begins the series of sub-questions that ask for a description of your facility's operating and procedural room structures.

For those facilities that have previously completed this survey, we have pre-populated your information. Please review this information for accuracy and make the necessary changes.

For those new to the ASC survey, you are required to complete this information. We will pre-populate this information in future surveys.

A response is required to activate the link below, which expands into a second page. This question asks you to describe the structural layout of each operating and procedural room.

The expanded page (resulting from Question 10), gives you the opportunity to enter detailed data on the characteristics of each operating and procedure room within your facility. For example, if your facility has three operating rooms and one procedural room, you should see four ***descriptive forms*** you must complete. For each room type, please enter the information requested.



PART 2: QUESTION 10 CONTINUED - ROOM INFORMATION

Please complete this descriptive form for Room Number 1

1. Room Location
   - (•) Inside restricted/sterile area
   - ( ) Outside restricted/sterile area
   - ( ) No restricted/sterile area available

2. Room Size

   Please enter the room's size, in gross square feet. The gross square footage can be calculated by multiplying the length of the room by its width.

   Gross Square Feet: 500

3. Special air handling system built in:
   - (•) Yes ( ) No

4. Piped gasses built in:
   - (•) Yes ( ) No

5. Portable gasses available:
   - (•) Yes ( ) No

6. Most common use (select the one most appropriate response):
   - (•)
     Major surgical procedures that require general or regional block anesthesia and support of vital bodily fluids.
   - ( )
     Major and minor surgical procedures, usually using oral, parenteral or intravenous sedation, or under analgesic or dissociative drugs.
   - ( )
     Minor surgical procedures for which a facility fee may be charged, performed under topical, local or regional anesthesia without preoperative sedation.
   - ( ) Minor procedures which would not be eligible for a facility fee.
   - ( ) Other

   If Other, please explain:

7. The procedures performed in this room are eligible for a facility fee (check one):
   - ( ) Never
   - ( ) Seldom
   - ( ) Usually
   - ( ) Almost Always
   - (•) Always

Make sure to click the save button (at the bottom of the screen) to store your answers for this section. Once the system saves your data entry, you will see this message at the bottom of the page: Room Information Saved Successfully

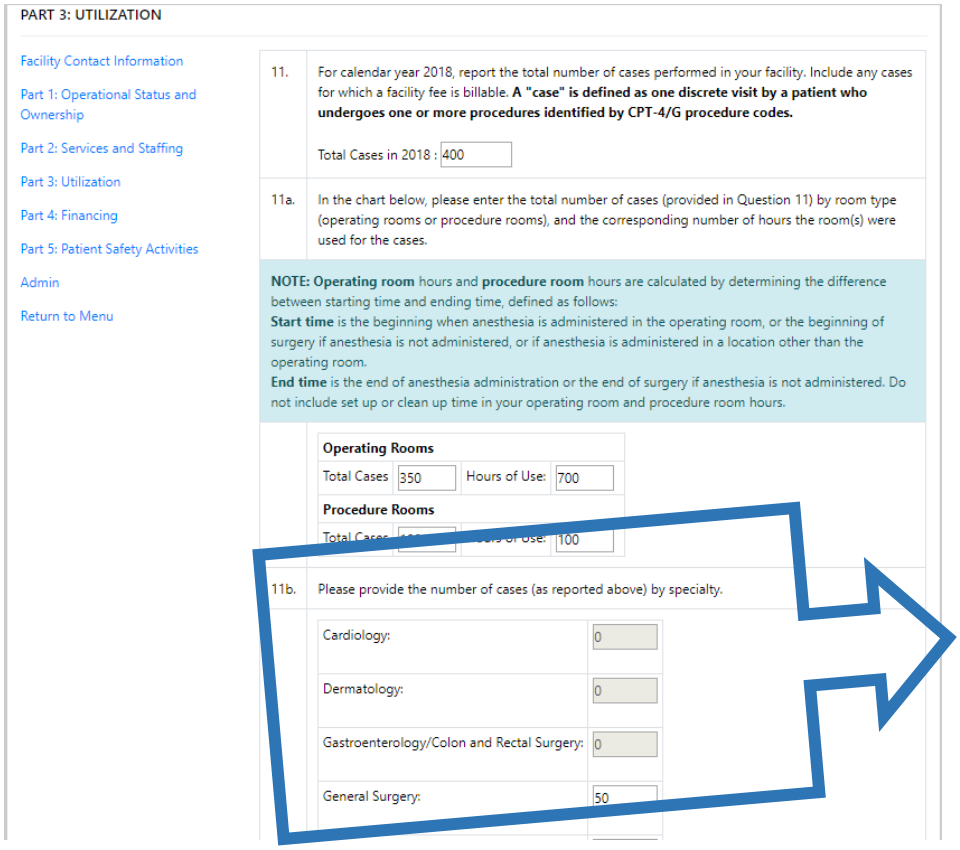
At this point, you can click the *Back* button to return to the main services and staffing page.

Note: To move on from Part 2 and have your information stored as completed, remember to click the Save Part2 button at the bottom of the page.

Part 3: Utilization

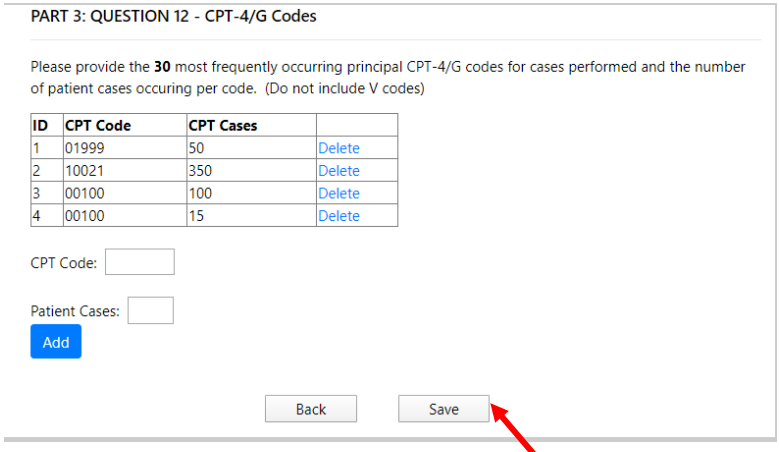
The Commission uses the data gathered in Part 3 to forecast the need for additional surgical facilities in a given jurisdiction. Additionally, this information is a core component of the Commission's consumer guide as the data

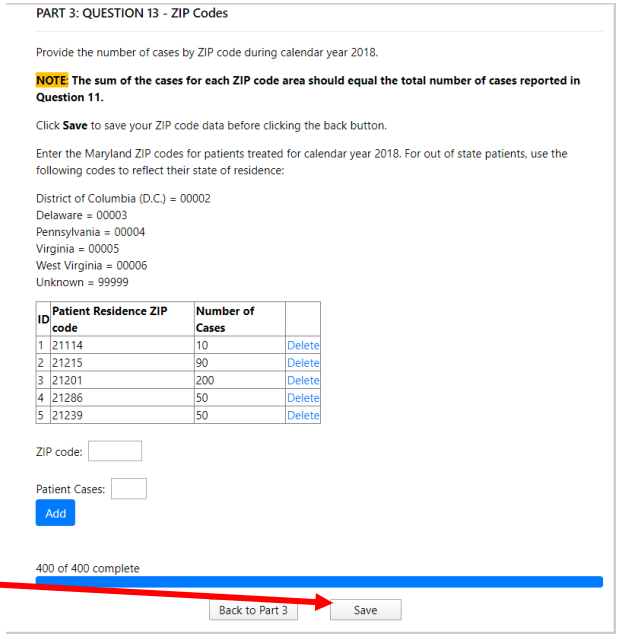
enables the consumer to compare the volume and types of surgeries performed by facility. To avoid potential data entry errors, the survey software application has several internal checks within this section. For example, the total number of ZIP codes entered must equal the total number of cases entered.



You can only enter number of cases for specialties you reported in Question 7.

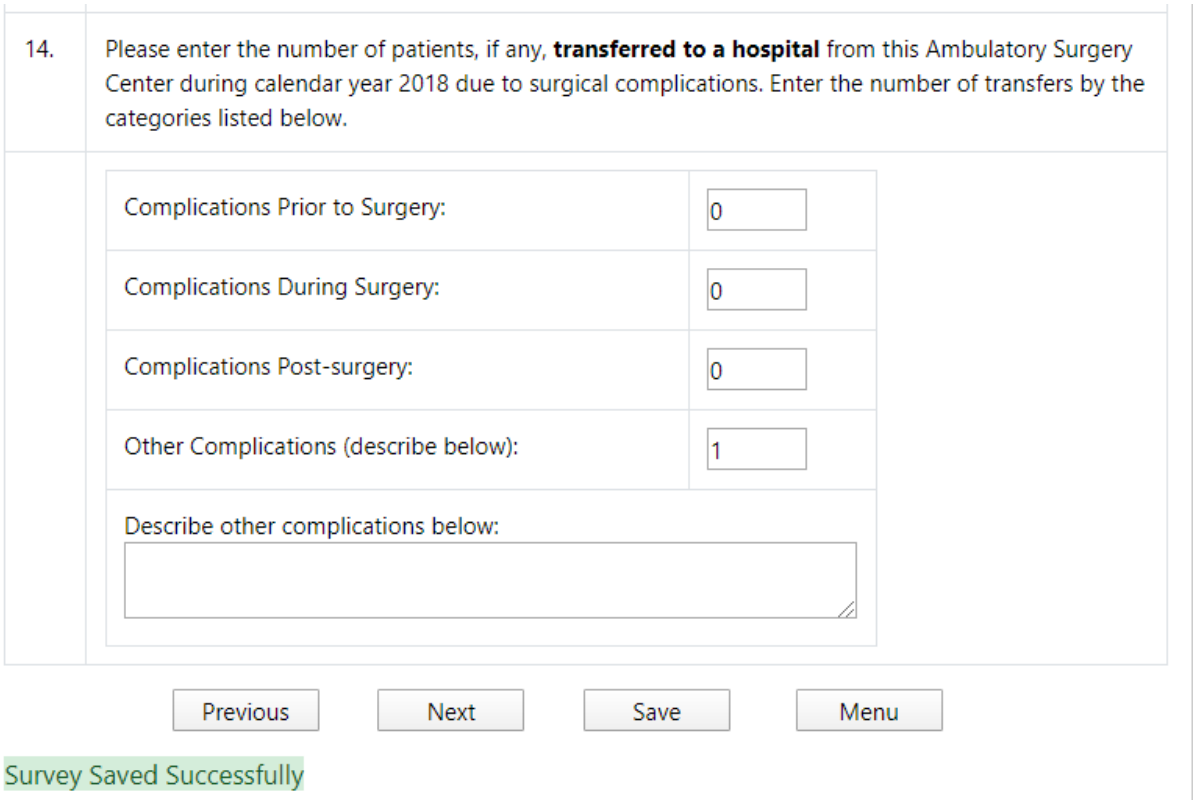
To enter additional CPT codes or ZIP codes, enter the code, the number of cases for that code, and then click the blue “Add” button. Continue this process until you have entered all codes for your facility. The system will check to ensure you are entering valid CPT codes. The system also calculates the number of codes you have entered.





Be sure to save your entries

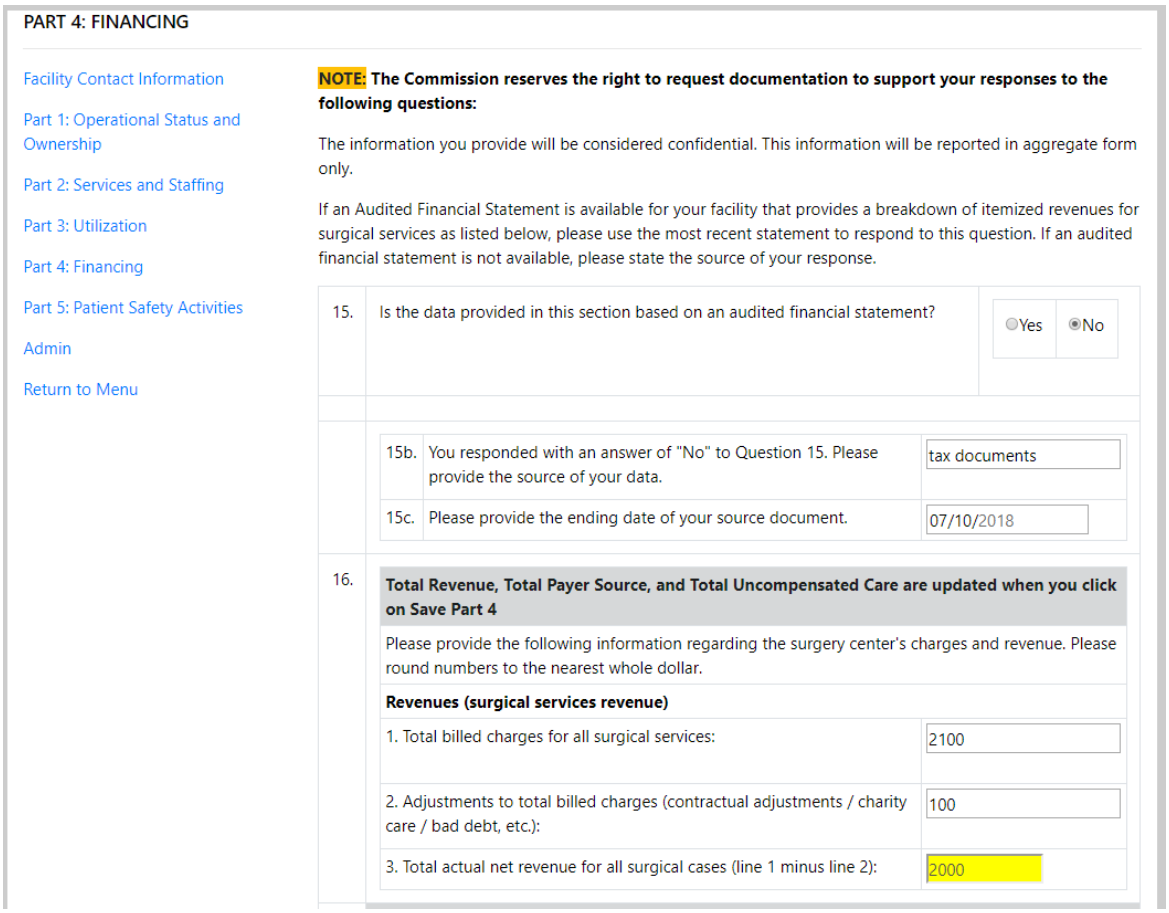
Medical complications can occur unexpectedly at any time. In Question 14 please enter the number of patients admitted to a hospital due to unforeseen medical events that occurred at your surgical facility. Examples of complications include hemorrhaging, wound infections, or reactions to anesthesia.



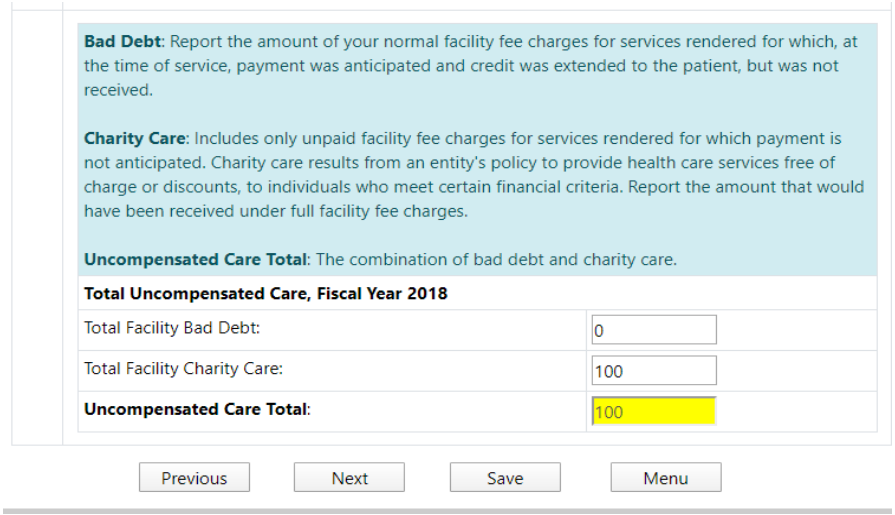
Part 4: Financing

The data collected in this section is confidential. The Commission will only report this data in aggregate form as needed. The Commission reserves the right to request supplemental documentation to support the information you have entered into this section.

We recommend you use an audited financial statement for the reporting year. If you are not able to use an audited financial statement, you must identify the source of your entry. Please use only whole dollar values when entering your financial data. This may require you to either round up or round down to the nearest whole dollar.



The last subpart to Question 17 relates to your facility's charity care activities. COMAR 10.24.11 states that each ambulatory surgical facility (ASF) should have a written policy for providing charity care. Charity care ensures that consumers have access to services regardless of an individual's ability to pay for those services. Health care facilities typically provide charity care to consumers who are economically unable to afford services at the facility's standard cost. Each ASF should develop and continuously update its charity care policy.



Once you have finished entering in your financial data, click the Save button to save your data.

The system calculates your facility's net revenue by subtracting certain adjustments (i.e bad debt or charity care) from total billed charges. The total in Question 17 should equal the total in Question 16.

Part 5: Patient Safety Activities

Preventing healthcare associated infections (HAI) is a major health care priority for our State. The Commission believes it is important for consumers to be aware of provider initiatives designed to prevent HAI in their facilities. Improving healthcare quality through greater patient and consumer engagement is also a major priority for Maryland. Part 5 of the survey collects data on both of these important issues. The information captured in this section will be included in the Commission's *Quality Reports* website.

If your facility uses multiple mediums to complete patient satisfaction surveys, select the "Other" option. Please specify which mediums you use in the text box field.

The Commission has publicly reported the employee influenza vaccination rates of hospitals, nursing homes and assisted living facilities for several years. Using the same standard definitions and methodology, the Commission collects similar data from ASFs. The Commission plans to include this information on its consumer website beginning in 2020.

Question 22 has several components that enable the Commission to calculate your employee vaccination rate to permit fair inter-facility comparisons. Please count each individual employee as one whole person even if he or she works as a part-time employee.

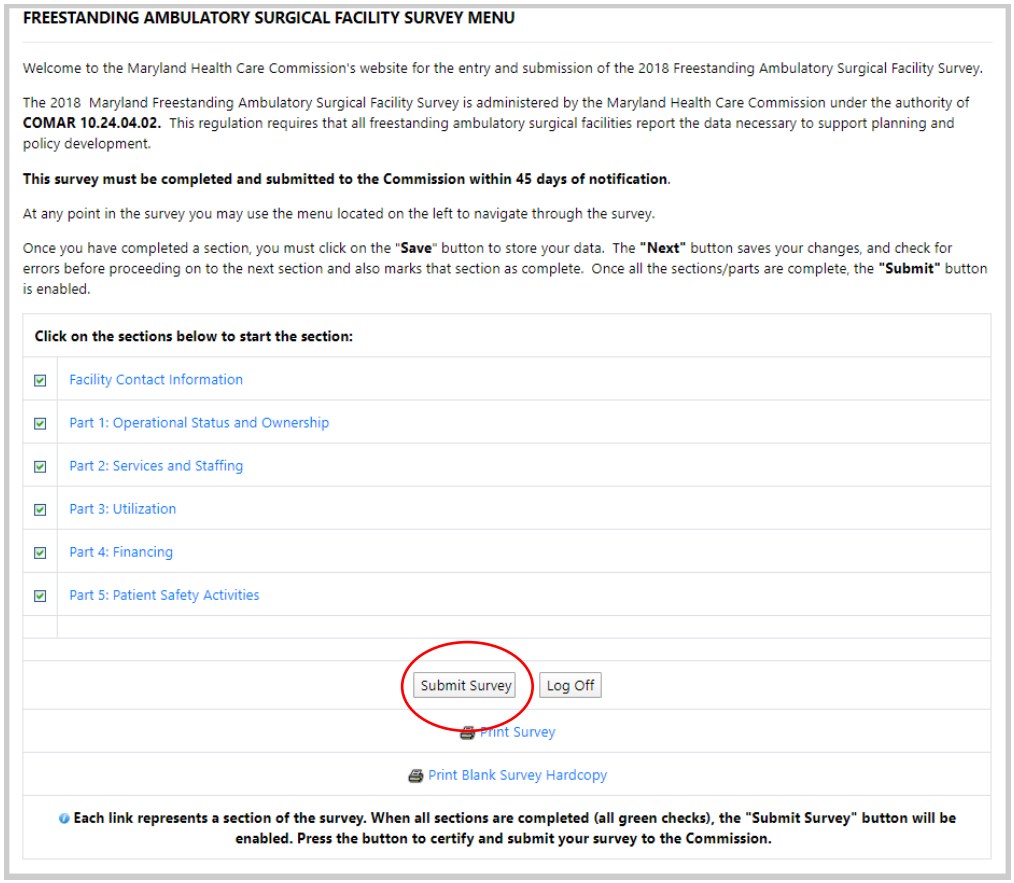
Question 23 addresses the implementation and enforcement of a mandatory employee influenza vaccination policy. These policies are crucial to the overall safety of patients and staff as well. Please click the option that accurately reflects the status of your employee flu vaccination policy. Remember to save your work at the end of this section.

You have reached the end of the survey questions and are now ready to review and submit the survey!

Certifying and Submitting Survey

On the main menu, a green check mark appears for each section you have completed and successfully saved. If a section does not have a green check, that means you are missing a response somewhere in that section. When you finish Part 5, the Patient Safety Activity questions, you will be ready to submit and certify your survey.

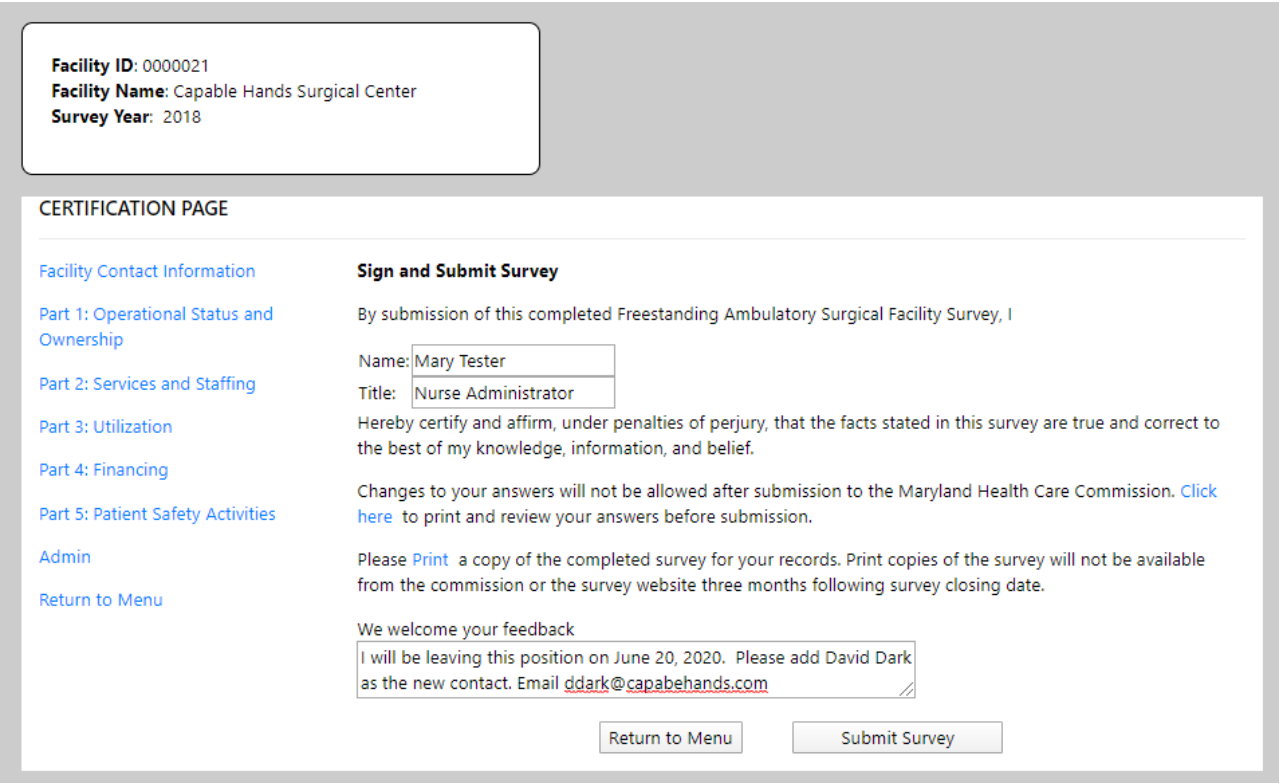
Click the Return to Menu button to land on the main survey screen. You will should see that you have a green check mark for each section of the survey. This means that the system has validated your responses to ensure that you have answered all required questions.



You must click the

Submit Survey

button to certify your survey.



By entering your name and title on this page, you are certifying that the information you have entered is correct and true to the best of your knowledge.

You can review and edit your responses to each section by clicking the blue navigation links on the left of the screen or using the Return to Menu button.

You are able to print a copy of your survey from the Certification page. **Be sure to print a copy of your completed survey for your records**.

If you have any questions about the FSAF survey, please contact Mariama Gondo at mariama.gondo1@maryland.gov or via phone at (410) 764-3377.